

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP					
1							51				
2	/						52				
3	/						53				
4	/						54				
5		2					55				
6		1					56				
7		1					57				
8	1						58				
9		1					59				
10	1						60				
11		0					61				
12		0					62				
13		0					63				
14		0					64				
15		0					65				
16		0					66				
17		0					67				
18		0					68				
19		0					69				
20		0					70				
21		0					71				
22		0					72				
23		0					73				
24							74				
25							75				
26							76				
27							77				
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35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.	21						TOTAL DEP.				
TOTAL CLAIMS	20		20		20		TOTAL CLAIMS	20		20	